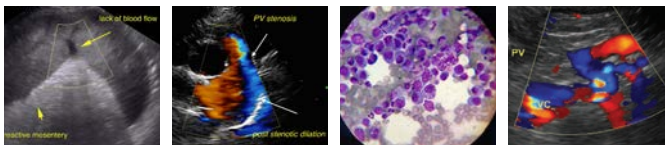
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Roxane Motroni

SPECIES

Canine

BREED

Boston Terrier

SEX

Female

AGE

13

WEIGHT

23 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Michael Ferber

HOSPITAL NAME

East Meadow VC

REFERRING VET

Dr. Michael Ferber

INVOICE

45808

DATE

3/9/23

PRESENTING CLINICAL SIGNS

ADR ~ lethargic for a few days Has a grade 3/4 murmur echo performed with cardiologist in December - dx with stage B1 MMVD with second degree AV block. CBC chem today: increased ALP and ALT lateral and VD thoracic and abdominal rads: increased VHS 11.7, caudodorsal parenchymal lung pattern, ~ increased resting RR

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.4 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.17 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a mixed echogenic ill-defined nodule measuring 0.54 cm in diameter visualized within the parenchyma.

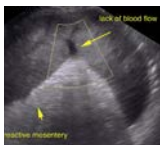
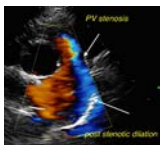
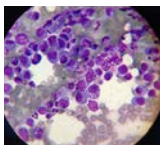
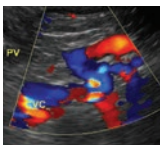
Liver

The liver is large, and normal in echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The vasculature is prominent/congested. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is prominent and mildly thickened, measuring 0.31 cm. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall meaures 0.39 cm. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas (particularly the right limb) is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a small amount of free abdominal fluid. No lymphadenopathy. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Small mixed echogenic nodule visualized within the spleen – There is a non-cavitated, mixed echogenic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Large liver with prominent vasculature – Findings are concerning for hepatic congestion. Consider underlying cardiac disease.
- Thickened gallbladder wall – I suspect this is consistent with edema and secondary to congestion.
- Small volume free abdominal fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and appears somewhat congested. This could be associated with the mild ALP elevation, although my primary concern in this situation would be that of congestion and possible underlying cardiac disease, as there is effusion, a large liver, a somewhat edematous gallbladder and pancreas.

There was a small mixed echogenic nodule visualized in the spleen. The significance of this is uncertain, as this could represent a benign or early neoplastic lesion. Once this patient is stabilized, you could consider a fine needle aspirate of the nodule.

Recommend cardiac ultrasound. If cardiac disease is not thought to be significant, then you could consider a liver function test +/- fine needle aspirate of the liver (provided coagulation parameters are normal).

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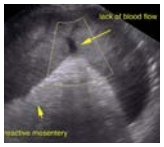
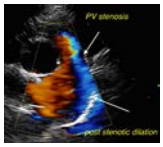
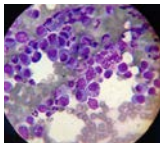
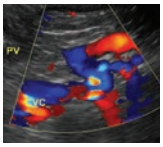

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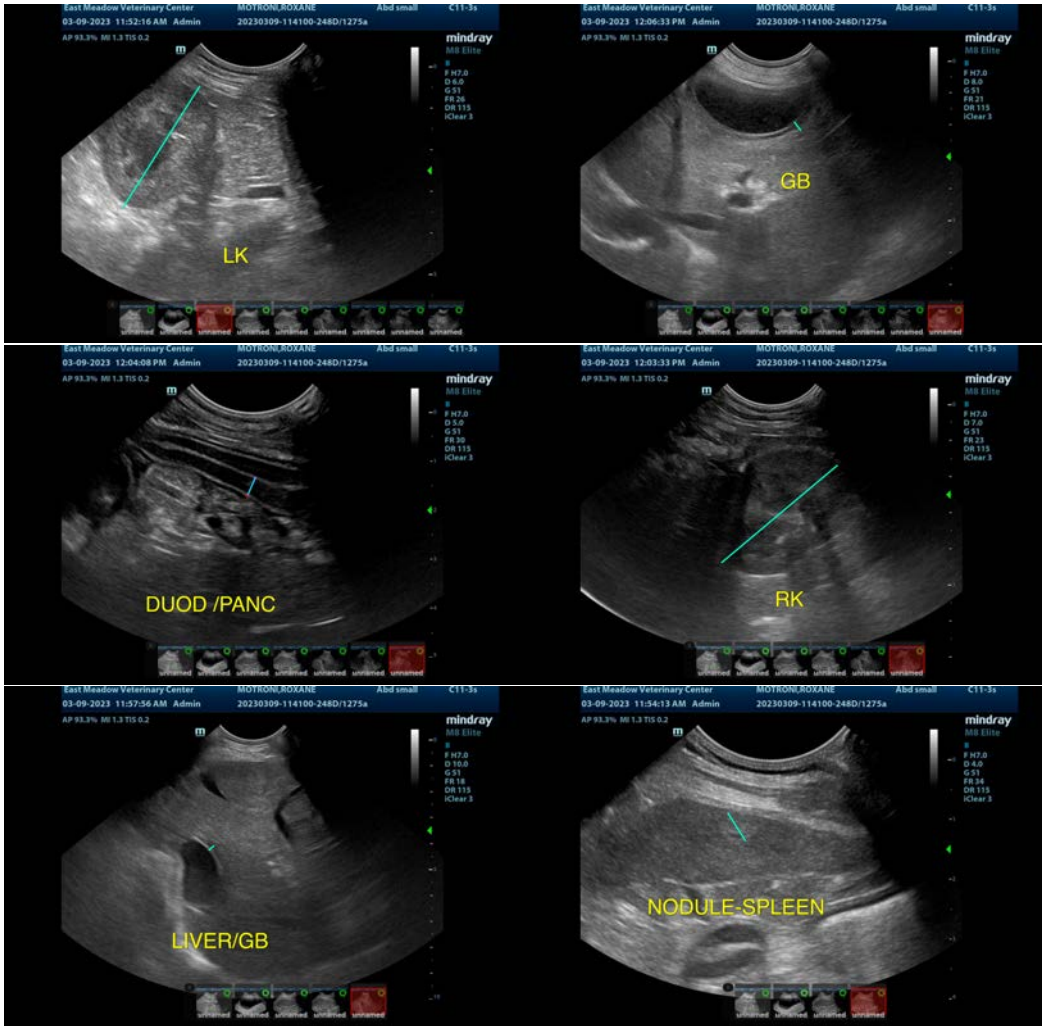

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com